

**Application Form for Reasonable Accommodation  
in Assessment****cetb**Bord Oideachais agus  
Oiliúna Chorcaí  
Cork Education and  
Training Board**Section A: To be completed by the learner**

Learner Details	
<b>Full Name:</b>	
<b>Date of Birth:</b>	
<b>Centre:</b>	
<b>Programme being studied:</b>	

Disability/Specific Need Information	
<b>Disability Type (Please tick primary disability):</b>	
1) Learning Difficulty	<input type="checkbox"/>
2) Hearing Difficulty	<input type="checkbox"/>
3) Visual Difficulty	<input type="checkbox"/>
4) Physical Difficulty	<input type="checkbox"/>
5) Mental Health or Behavioural Difficulty	<input type="checkbox"/>

**Please state the specific name of the disability or specific needs:**

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**Please state if there are any other disabilities or specific needs:**

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**Evidence being provided:**

<b>A.</b> Report completed by the appropriate medical consultant/specialist	<input type="checkbox"/>
<b>B.</b> Evidence of previous reasonable accommodations provided in Irish State Examinations	<input type="checkbox"/>
<b>C.</b> This form completed by the appropriate medical consultant/specialist	<input type="checkbox"/>
<b>D.</b> This form completed by a general practitioner (GP) to confirm that they have documentation from the appropriate specialist consultant listed on file confirming the diagnosis.	<input type="checkbox"/>

**Learner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Section B: To be completed by Medical Consultant/Specialist or General Practitioner.**

<b>Please confirm if the specific need identified above is permanent, temporary or fluctuating.</b>	
Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>
Fluctuating <input type="checkbox"/>	
<b>How does the disability/medical condition impact on the applicant's ability to study and participate in school/college (e.g. impact on school attendance, ability to engage with the curriculum, examination performance etc.)?</b>	
<b>What recommendations would you make for reasonable accommodation to enable equal participation in Further Education?</b>	
<b>Where a Medical Consultant/Specialist has completed this form:</b>	
I confirm that the learner named above has the specific need or disability as outlined	
<b>Name and Title of Consultant/Specialist:</b>	
<b>Address:</b>	
<b>Consultants Signature:</b>	
<b>Date:</b>	
<b>Official Stamp:</b> Please stamp here or attach a business card or headed paper.	

<b>Where a General Practitioner has completed this form:</b>	
I confirm that the learner identified has the specific need or disability as outlined and I have a report or other documentation on file from the appropriate Specialist or Medical Consultant, which can be produced if required.	
<b>Please provide the name, and address of the recognised Specialist/Medical Consultant that has diagnosed this learner</b>	
<b>Date of Report or letter of diagnosis from the Specialist or Medical Consultant</b>	
<b>Name and Title of General Practitioner:</b>	
<b>Address:</b>	
<b>IMC No (GP only)</b>	
<b>GP Signature:</b>	
<b>Date:</b>	
<b>Official Stamp:</b> Please stamp here or attach a business card or headed paper	

**Section C: To be completed by designated staff member in centre**

Based on the information provided on this application form and meeting with the learner on [insert date] \_\_\_\_\_ and discussions with the assessors involved

(A)  The following accommodations will be provided:

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This information was communicated to the relevant assessment coordinator or assessor on [insert date] \_\_\_\_\_

**OR**

(B)  There is insufficient evidence to warrant reasonable accommodation.

Name of designated staff member: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

This application should be kept in the learners file.